22/03/2005	1.	1		6. 11	
ASS. REC. BY	Trusters	REF: C83 1	119010435/	1 Cd3 (Accial Ind	truction:
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From (Person	is Cubriel wel	of		Date/	Time: 126/19311:Slar
Estimated Co	EL:		Bill for		77,000
OD TP W	STTP RES / OD RES	E/EVA/INV/N	AV /-CS		
To Inspect Ve	chicle No:	SMH	6 553K	Insured;	SHA 77219
at Workshop	ın/s	KOK W	and Cour Gruon	ming Tel:	91839633.
of	1 Soon lee st	reef #0	6-40 pione	er	91839633.
Policy No:			Claim No		of the Bernet
Sum Insured:			Excess:		
Make of Veh: (Client's Record				D.O./	8/06/2019
CA / REV	/ REP. / REV 24 H	ts		HO	D. Endorsemeat:
Date/Time:	214pmo 12/6/19	Person Conta	eted: Mr. K	ok Vehicle	IN/OUT
Date/Time	Action/Instruction				
	SMH655	3/c~x			
			(U17319/M)	11162n2	20A: 1/9/16
	After repair:	delan in	Olam	Nessey	D. College
	Tales ( Floris	delant 1	·VI (AM)		

invidue amount	A DEPARTMENT OF NOTE	
1	ASSIGNMENT	
From • Date:	Veh No SMH 6553K YI Kegic 219	
Estimated Cost	Type: M.Cap/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	1
OD (TP) WS/TP RES/OD RES/EVA/INV/MY	Truck / Trailer or	0
To Inspect Vehicle No:	Make Honga Shuttle ac	149
al Workshop m/s	Caiotti Black A/C Insured/Std	/ NE/ I
lia	Sp.Reading 50684 T/Radio: Insured / Std	/ NI /
Insured	Eng/No:	
Policy No.	GP +20034[7.	
Claims No.	Gen. Cond-God / Fair / Poor / Burnt	
Sum Insured Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorde / Jammed / Leaked / Burnt or	
Make of Veh	Modi: Nil / S/Rim, / STD A/Rim or /	
k*	Tyra Size Q 185/60175	-
(Poden Coulding)	R: Color	
(Policy Condition)  Remark: The veh had commenced its  N/S	O/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUI	MI /
repair at the time of inspection.	TOYO / YOKO or	
<u> </u>		
Bal, or Market Value;	1 D/0.1 C	
IDAC Accident Rport Consistent? : Yes or No	Lifted (	
GIA / PR Seen: Consistent? : Yes or No	D.O.A. D.O.L. 17/6/1	ar
Est. Repairs. days Res.: Yes or No	1/0/1	1
Lum Sunt. % 3 Val.: Yes or No	Survey held at Bolt Way Soon	
CA / REV / REP. / 24 HRS	Des. of Damages ; Frt / Rexr / O/S / N/S / U/C / Rooftop	or
† Vehicle: 10 Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due	to coll
W. C. Carlotte, M. C.		
9 #	5000- \$ 6000 ; 7 days. Novemble	
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Date/Time, File Pass (o? : Prefi. Report	Days Of Repair:	
i) : Final Report	Resurvey No. of Trip:   Survey Fee: '	120
Date/Time, File Ration to?	Transportation (5)	
2)	Id Fee: Site Insp (\$ ) norm, or	
	Interview (\$ )) Photos	
	The state of the s	11
Report Format: PRQ	Tech Invs (\$ ) Other.	11
Report Format : PRS Lump Sum / LB.E (\$ )	Weakend (\$ )	13

# ...CLAIM SUBFOLDER...(Pending for Survey Report)

Case	Notified	Est Submitted	Adi Assigned	Adi Rot	Adj Sub	mitted	Ins Auth'ed	Status	
Main	(Not Notified) Edit Reg	Est Submitted	12 Jun 2019 00:00 Edit Adj Rpt					Pending to Report Cancel Ca	for Survey
	1ain	Re	ference		Claim Details		Documer	nts	Show All
CLAIM SU	BFOLDER DE	TAILS				[Creat	ed by adjuster]		
Insured:									
Main Claimant:	-							E	
Vehicle Reg No.:	SMH655	зк			Date of Loss:	08/06/2	2019 00:00 - :59		
Claim Type:	TP				Policy/Cover Note No.:				
Vehicle Reg No. (Insured):	SHA7721	g			Policy No. (Claimant):				
(1.100.00).					Excess:				
Repairer:	Kok Wang	Car Grooming	Pioneer (HQ)	No. 1 Soon	Lee Street, #06-	40 Pione	er Centre, 627603	Pioneer - Tel:	91839633
Handling Insurer:							uhaidah Bte San		
Adjuster:	21/06/20	Consultants Pte 19]	Ltd (HQ) - Tel:	6256-3561	[Handled by I	монр т	AUFIKH BIN HAM	4ID] [Fina	ai kpt due
ASSOCIA	ED MAIL RE	CEIVED						View All	Compose Case M
There are r	o mail for this	case.							
ALL ASSO	CIATED TAS	KS⊟				View	All   Search Tasks	Create Nev	v Task   Comple
Due Dat			Group Sub	ject Har	ndler Assign	ned By	Completed C	n Creat	ted On Dor

# Nivitha (LKK Auto)

From:

Motor Claim - III <motorclaim@iii.com.sg>

Sent:

Wednesday, 12 June 2019 11:51 AM

To:

Wendy Jiang; 'sur@lkkauto.com'; admin-d@lkkauto.com

Cc:

Zuhaidah Samsuri

Subject:

RE: PRE-REPAIR INSPECTION FOR VEHICLE NO. SMH6553K (Accident involving

SMH6553K and SHA7721G on 08.06.2019)[1906-7304(KW)(PD)]

Attachments:

sha7721g\_20190612100012.pdf

Importance:

High

Dear Sir / Mdm

# This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO.

SMH6553K

III INSURED VEHICLE NO.

SHA7721G

DATE OF LOSS

08.06.19

We acknowledge receipt of your email.

# In compliance to Pre-Action Protocol for NIMA cases, we note that

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANT to conduct the pre-repair survey.

This claim is handled by Aida.

Please let us have your client's <u>accident report and repair estimate</u> for our appointed surveyor to conclude his report.

\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.

\*\*Surveyor kindly upload this assignment to Merimen.

Thank You.

#### Best Regards, Gabriel Wee



64 Cecil Street; #05 - IOB Building Singapore 049711

Tel: 6347 6100, Ext - 248

From: Wendy Jiang [mailto:wendy\_jiang@rssolomon.com]

Sent: 12 June, 2019 10:35 AM

To: Motor Claim - III < motorclaim@iii.com.sg>

Cc: Natalie Ng <natalie\_ng@rssolomon.com>; Lua Siew Hui <lua\_siewhui@rssolomon.com>

Subject: Re: PRE-REPAIR INSPECTION FOR VEHICLE NO. SMH6553K (Accident involving SMH6553K and SHA7721G on 08.06.2019)[1906-7304(KW)(PD)]

Dear Gabriel,

We refer to your email of even date.

We write to inform that our clients will be appointing their own Surveyors.

In this respect, please arrange your surveyors to contact Mr. Kok of Kok Wang Car Grooming at Mobile No. 9183 9633 for a pre-repair survey of our client's vehicle located at 1 Soon Lee Street #06-40 Pioneer Centre Singapore 627603.

Thank you and Best Regards.

Yours sincerely Wendy Jiang | Legal Executive

## R. S. Solomon LLC | 正氣律师事务所

Advocates & Solicitors

300 Beach Road The Concourse #12-03/04 Singapore 199555 t +65 6817 7498 | f +65 6292 2665 | e wendy\_jiang@rssolomon.com | w www.rssolomon.com

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If you are not the intended recipient, please notify us IMMEDIATELY and delete this email (including any attachments) from your computer system.

Thank you.

On Wed, Jun 12, 2019 at 10:14 AM Motor Claim - III < motorclaim@iii.com.sg > wrote:

Dear Sir / Mdm.

We acknowledge receipt of your letter.

We proprose using one of the following motor surveyors:

- · LKK Auto Consultants Pte Ltd
- · Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

#### **Gabriel Wee**



64 Cecil Street; #05 - IOB Building

Singapore 049711

Tel: 6347 6100, Ext - 248

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Print this email only if it is absolutely necessary and help in preservation of environment. India International Insurance Pte Ltd.

Registration No. 198703792-K

Our Ref.

: RSS/1906-7304(KW)(PD)

Your Ref.

W: Wendy Jiang

E ; wendy\_jlang@rssolomon.com

11 June 2019

R. S. SOLOMON LLC ADVOCATES & SOLICITORS By Fax: [6224 4174]

& PDX: [8172]

#### India International Insurance Pte Ltd

64 Cecil Street #04-05 IOB Building Singapore 049711 Kind Attn: Motor Claim Dept

Dear Sirs.

#### PRE-REPAIR SURVEY ACCIDENT INVOLVING 5MH6553K & SHA7721G ON 8TH JUNE 2019 AT ABOUT 1400 HRS

We act for the owners ("our Clients") of vehicle no. SMH6553K.

- We hereby notify you of a road traffic accident on 8th June 2019 at about 1400 hours at junction of Pasir Ris Drive 3 & Loyang Way involving our Client's vehicle and vehicle registration no. SHA7721G driven by your insured/insured's driver. A copy each of our Clients' Accident Statement and Police Report are enclosed.
- As a result of the accident, our Clients' vehicle has been damaged. Before our Clients proceed to repair the damaged vehicle, please let us know within 2 working days upon receipt of this notice whether you intend to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our Clients shall proceed to repair their vehicle without further reference to you.

Yours faithfully,

R. S. SOLOMON LLC ADVOCATES & SOLICITORS

ENCL

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Business	
Owner ID: Vehicle Details	8801X	
Vehicle No.:	SMH6553K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	20 Jun 2019	
Vehicle Make:	HONDA	
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO	
Primary Colour:	Black	
Manufacturing Year:	2018	
Engine No.:	LEB7104466	
Chassis No.:	GP72003417	
Maximum Power Output:	101.0 kW (135 bhp)	
Open Market Value:	\$21,697.00	
Original Registration Date:	29 Jan 2019	
First Registration Date:	29 Jan 2019	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$12,376.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	28 Jan 2029	
PARF Rebate Amount: Intended COE Rebate Details	\$9,282.00	
COE Expiry Date:	28 Jan 2029	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$33,989.00	
COE Rebate Amount:	\$32,645.00	
Total Rebate Amount:	\$41,927.00	

The information contained herein is correct as at 20 Jun 2019

OK

# 1/10

MSI319076023 / STA INSPECTION PTE LTD - Boon Lay ENTRY DATE & TIME: 11/06/2019 14:00 SUBMITTED BY: Woodford Richard Vincent

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/06/2019 14:34

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Dete Of Report 11/06/2019 14:00 Date Of Accident 08/06/2019 00:56 Exact Location Of Accident ALONG JUNCTION OF PASIR RIS DRIVE 3 & LOYANG WAY SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Numbor Insurance Policy for repair to your vehicle Particulars  Are you claiming under your own insurance policy for rogalir to your vehicle?  If No, Pleass state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Policy Number Driver  Name of Driver Name of Drive	Company of the State of the Sta	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss    SINGAPORE	Date Of Report	11/06/2019 14:00
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Name of Romance Company  Name of Insurance Company  Name of Insurance Company  No  No  Detail Address  No  Manufacturer  Model  SHUTTLE  WORK PURPOSE  No  THIRD PARTY  Vehicle Category  PRIVATE HIRE  Insurance Company  Name of Insurance Company  No  Comprehensive  Fleet Policy  No  A29099833MCX  Cover Note Number  Driver  Name of Driver  Name of Driver  No  S16018921  Date Of Birth  Occupation  OutDOOR  Date Of Driving Pass  13/07/1983  Driving Experience  Mobile Number  (LOCAL) +65-98785093	Date Of Accident	08/06/2019 00:55
Vehicle Registration Number SMH6553K Insuraci/Policyholder Name Of Registered Owner Coreg No Name Of Registered Owner Coreg No Name Of Registered Owner Noemall S223880 X NOEMAIL NOEM	Exact Location Of Accident	ALONG JUNCTION OF PASIR RIS DRIVE 3 & LOYANG WAY
Vehicle Registration Number  Insured/Policyholder Name Of Registered Owner SJ MOTOR ENTERPRISE OR Ro NA 528380 X NOEMAIL Mobile Phone No Alternative Phone No OFFICE-98785093  Vehicle Particulars Manufacturer HONDA SHUTTLE Exact Purpose for which vehicle was being used at time of accident Itime of accident If No, Please state action to be taken Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number Driver NAME OF Driving Pass 13/07/1983 Driving Experience 35 YEARS AND 10 MONTHS MALE Mobile Number	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner SJ MOTOR ENTERPRISE Co Reg No NA Email Address NOEMAIL N	NOT A STREET OF THE STREET	DETAILS OF OWN VEHICLE
Name Of Registered Owner         SJ MOTOR ENTERPRISE           Co Reg No         NA         5 2 8 3 8 5 1 X           Email Address         NOEMAIL           Mobile Phone No         OFFICE-98785093           Alternative Phone No         OFFICE-98785093           Vehicle Particulars         HONDA           Manufacturer         HONDA           Model         SHUTTLE           Exact Purpose for which vehicle was being used at time of accident         WORK PURPOSE           Are you claiming under your own insurance policy for repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE HIRE           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A29099833MCX           Cover Note Number         Driver           Name of Driver         CHAN PENG FAI           NRIC No         S1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Ge	Vehicle Registration Number	SMH6553K
Co Reg No         NA         \$2,23880 X           Email Address         NOEMAIL           Mobile Phone No         OFFICE-98785093           Vehicle Particulars         HONDA           Manufacturer         HONDA           Model         SHUTTLE           Exact Purpose for which vehicle was being used at time of accident         WORK PURPOSE           Are you claiming under your own insurance policy for repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE HIRE           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A29099833MCX           Cover Note Number         Cover Note Number           Driver         CHAN PENG FAI           NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093	Insured/Policyholder	THE R. S. S. S. S. COMMINSON S. S. S. S. S. S. S.
Email Address Mobile Phone No Alternative Phone No Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company No Model Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fleet Policy NO A29099833MCX Cover Note Number  Driver Name of Driver OCHAN PENO FAI NRIC No S1601892I Date Of Birth 15/03/1963 Occupation OUTDOOR Date Of Driving Pass 13/07/1983 Driving Experience Gender MALE Mobile Number  Fax Number	Name Of Registered Owner	SJ MOTOR ENTERPRISE
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Alternative Phone No OFFICE-98785093  Vehicle Particulars  Manufacturer HONDA SHUTTLE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Polloy Number A29099833MCX  Cover Note Number  Driver Name of Driver NARIC No S1601892I Date Of Birth 15/03/1963 Occupation OutDoor  Date Of Driving Pass 13/07/1983 Driving Experience 35 YEARS AND 10 MONTHS Gender MALE Mobile Number  Fax Number	Email Address	NOEMAIL DZ8 900 TA
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time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  PRIVATE HIRE  Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE, LTD.  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  A29099833MCX  Cover Note Number  Driver  Name of Driver  NRIC No  S1601892I  Date Of Birth  15/03/1963  Occupation  OutDoor  Date Of Driving Pass  Driving Experience  35 YEARS AND 10 MONTHS  Gender  MALE  Mobile Number  (LOCAL) +65-98785093  Fax Number	Model	SHUTTLE
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  A29099833MCX  Cover Note Number  Driver  Name of Driver  NAME OF Birth  15/03/1963  Occupation  Date Of Driving Pass  Driving Experience  35 YEARS AND 10 MONTHS  Gender  MALE  Mobile Number  THIRD PARTY  THIRD P	Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Polloy Number         A29099833MCX           Cover Note Number         Cover Note Number           Driver         CHAN PENG FAI           NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A29099833MCX           Cover Note Number         Cover Note Number           Driver         CHAN PENG FAI           NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093	Vehicle Category	PRIVATE HIRE
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A29099833MCX           Cover Note Number         Driver           Name of Driver         CHAN PENG FAI           NRIC No         S1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093	Insurance Company	
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A29099833MCX           Cover Note Number         Cover Note Number           Driver         CHAN PENG FAI           NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Policy Number         A29099833MCX           Cover Note Number         Driver           CHAN PENG FAI           NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093	Type Of Coverage	AND
Cover Note Number           Driver         CHAN PENG FAI           NRIC No         \$1601892I           Date Of Birth         \$15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         \$13/07/1983           Driving Experience         \$35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093	Fleet Policy	NO
Driver         CHAN PENG FAI           NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number	Policy Number	A29099833MCX
NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number	the control of the second control of the control of	AUTO MIL MORE SIGNED. HON SEE DIEGO HO. HON H. HON HE HON HEAD DES
NRIC No         \$1601892I           Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number	Name of Driver	CHAN PENG FAI
Date Of Birth         15/03/1963           Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number		
Occupation         OUTDOOR           Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number	Date Of Birth	
Date Of Driving Pass         13/07/1983           Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number		
Driving Experience         35 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number         (LOCAL) +65-98785093	THE ACCOUNT FOR THE	
Gender         MALE           Mobile Number         (LOCAL) +65-98785093           Fax Number         (LOCAL) +65-98785093		
Mobile Number (LOCAL) +65-98785093 Fax Number		
Fax Number		
	Fax Number	
	Contact Number	

NOEMAIL

Kok Leong

Address

BLK 265 YISHUN STREET 22

#03-216 SINGAPORE

Postcode

760265

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT AND ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA7721G

Vehicle Make/Model/Colour

BLUE/HYUNDAI

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

LIM SOON HUAT

NRIC/Passport Number

S0187096C

Contact Number

NA

Address

Postcode

Insurance Company Name

Page 2 of 19

# 3/10

Kok Leong

Nature Of Damage

REFER POLICE REPORT AND ATTACHED

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

CHAN PENG FAI

Approximate Age

Injuries Sustain

REFER POLICE RPORT AND ATTACHED

Injured person in which vehicle?

Were seat belts worn?

SMH6553K

Was this injured conveyed to hospital by

ambulance?

Address

BLK 265 YISHUN STREET 22

#03-216 SINGAPORE

Postcode

760265

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GtA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (I) processing, handling and/or dealing with my claims including the settlement of the daims and any necessary investigations relating to the claims:
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my daims.(collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GtA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Ignature iver is not the policyholders

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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SKETCH PLAN	heyang Wal)	A-SMH6553K. B-SHA7721G.
	<b>→</b>	->
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	<b>→</b>	<b>→</b>
DESCRIBE CIRCULATION	Pasic Rig Dr3	Pasir Ris Dr3
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		444
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DECLARATION	-	

Policyholder's Signature Date & Time:

Orlycos Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :





Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

1 of 3 Report No. T/20190608/2144

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 23:56	lade:	Vide Report No.:	Station Diary No.: 182
Informa	nt's Partici	ulars		
	Informant: ENG FAI		Address: APT BLK 265 YISHUN STF 760265	REET 22 #03-216 SINGAPORE
	/ ID No.: O / S160189	921	Contact No.: Home/Office:	Mobile: 98785093
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 56	Date of Birth: 15/03/1963	Type of Informant: Driver	
Race: Chinese		2.	Language:	Institution / School Name:
Occupat Driver	tion:	1367	Driving Licence Information Class: 3	n: Date of Expiry:

General Inform	mation of the Acci	dent	<b>学</b> 、中国 各位 2000年 2000年	一門 大学 日本
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident; 08/06/2019 00:55	Type of Location: X-Junction
Location: Along Road 1 PASIR RIS D Cross Junctio Lamp Post No	RIVE 3 on connecting Pasir	Ris Drive 3 and Loyang \	<i>N</i> ay	
Weather: Clear		Road Surface: Dry	6.	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance;

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7721G	Car	HYUNDAI		Blue	Slightly Damaged	0
SMH6553K	Car	HONDA		Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA







2 of 3

Report No. T/20190608/2144

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver	14 July 1			The state of the s		24004000
Name	CHAN PENG FAI			ID No.		S1601892I
Related Vehicle	SMH6553K (Car)	SMH6553K (Car)			t No.	98785093
Hospital/Clinic	Raffles Medical Clinic			Class Driving Licence Expiry	e & Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/06/2019		Date Disch		_	/2019
No. of Days gran	LOG ITIOGRAPHICAL AND	03	Degree of I	njury	Slight	AND WATER BOTH HETTOWN DAY
Driver		To a second	15 X 2 X 2 X			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
Name	Lim Soon Huat			ID No.		S0187096C
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
	ited Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On the 08/06/2019 at around 0055hrs, I was driving along Pasir Ris Drive 3 and I stopped my vehicle as the cross junction connecting Pasir Ris Drive 3 and Loyang Way somewhere near Lamp Post 18 as the traffic light was red. I was at lane 2 waiting to make a right turn at the cross junction and there were 2 cars in front of me.

After the traffic light turned green, I waited for the cars in front of me to move off before making the right turn. While I started moving off , one Blue colour Taxi , Model : Hyundai bearing registration number SHA 7721 G, collided into the rear of my vehicle. We both alighted and exchanged particulars and took photographs of the accident scene. After the accident, I felt pain on my back and I seek medical attention at Raffles Medical Clinic and was given 3 days MC.





3 of 3

Report No. T/20190608/2144

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The L / Staff Sgt ZENG ZHIMIN, KEVIN	Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 08/06/2019 23:56
Officer In Charge Of Case: TP-/ AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414		Classification Of Case:
Authentication Stamp NP168		e Police Force

Page 1 of 1

# ...CLAIM SUBFOLDER...(Pending for Survey Report)

Case	No	tified	Est Submitted	Adj Assigned	Adj Rp	t A	dj Submitted	Ins Auth'ed	Status	
Main	09	Jul 2019 :02 Edit Reg	019 12 Jun 2019 00:00				\$\$0.00 View Rpt		Pending for Survey Report Cancel Case	
	Ma	in	Refe	rence	С	laim Details		Documents	$\supset$	Show All
CLAIM S	UBF	OLDER DE	TAILS		Control Control		[Created b	y adjuster]		
Insured: -, Co. Reg. No.: -										
Main Claimant:		•								
Vehicle Re	eg.	SMH6553K			Date of Loss	08/06/2019 00:00 - :59 [4 Months and 10 Days From LTA Reg Date (Man Yr			Man Yr)]	
Claim Typ	e:	TP				Policy/Cover Note No.:				
Vehicle Re No. (Insured):		SHA77216	ı			Policy No. (Claimant):				
						Excess:				
Repairer:		Kok Wang	Car Grooming - P	ioneer (HQ) No. 1	1 Soon Lee	Street, #06-	40 Pioneer Cer	tre, 627603 Pioneer	- Tel: 91839	633
Handling Insurer:		India Inte	rnational Insuran	ce Pte Ltd (HQ) -	Tel: 6347	'6100 [Han	dled by Zuhaid	lah Bte Samsuri - 6	347 6070]	
Adjuster:		21/06/20		d (HQ) - Tel: 625	6-3561	[Handled by	MOHD TAUFI	(H BIN HAMID] [	Final Rpt	due
ASSOCIA	ATED	MAIL REG	CEIVED					View All	Compos	se Case Mai
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ALL ASS	OCI	ATED TASI	KS⊟				View All Se	arch Tasks   Create	New Task	Complete
Due Da		Priority	Type Task G	roup Subject	Hand	ler Assig		Completed On	Created O	

## **Claim Documents**

\*SMH6553K [SHA7721G] TP

Jun 8 2019 12:00AM [-] Kok Wang Car Grooming - Pioneer

Upload Documents Upload Photos Compose New Letter		View View in Brow		
Pho	tos/Images		3 per page 🔻	-
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	-
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Merimen e-Claims Page 2 of 2

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Dod	cumentation		1 per p	age 🔻	<b>✓</b>
Doo	Finalized On	India International Insurance Pte Ltd (HQ)	1 per p	age V	-

## **Documents Checklist**

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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Show Remarks To: Handling Insurer  Note: Remarks are private unless you show it to other parties.	

#### LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

### VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/III19010435/T1CD3E2

Date:

01/07/2019

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle

SMH6553K

Insured Vehicle No:

SHA7721G

No: Date of Loss:

08/06/2019

Nature of Claim:

Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SMH6553K

Make & Model:

HONDA SHUTTLE, 1.5 (A) 29/01/2019 (Man. Year: 2018) Engine No: Chassis No:

Odometer:

LEB7104466 GP72003417

50684 km

Reg. Date: Colour:

Black

Engine Capacity: Market Value/New Car Price:

1496 cc N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Engine Modification:

185/60 R15

Pre-accident Condition:

Front Tyre Size: Front Left Side:

Bridgestone 6 mm

185/60 R15

Rear Tyre Size: Rear Left Side:

Bridgestone 6 mm

Front Right Side:

Bridgestone 6 mm

Rear Right Side:

Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

12/06/2019

Date Inspected:

17/06/2019 Inspected At:

Kok Wang Car Grooming - Pioneer (HQ)

No. 1 Soon Lee Street, #06-40 Pioneer

Centre

Singapore 627603

Estimated Period of Repair:

0.0 days

Adjuster:

MOHD TAUFIKH BIN HAMID

Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

Adjuster Report Page 2 of 4

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.

B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

Adjuster Report Page 3 of 4

# REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 01 Jul 2019)

Parts: N/A

HONDA SHUTTLE 1.5 (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SMH6553K)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >